

**National Pollutant Discharge Elimination System (NPDES)****CSO Discharge Monitoring Report (CSO DMR)**

State Form 50546 (R9-01)

City:	City of West Lafayette, Indiana										Page:	1 of 2												
Facility:	Wastewater Treatment Utility										Permit Number:	IN0024821												
Monitoring Period: (MM/DD/YY to MM/DD/YY)					2/1/2006 to 2/28/06					Check box if no CSO discharge occurred for the month:														
Design Peak Inf. Flow (MGD):					18					Measured/Metered (M) or Estimated (E) must be specified. (Please attach methods used.)														
					CSO Outfall No. 007					CSO Outfall No. 003					CSO Outfall No. 004									
Day of Month	Day of Week	Precip. in Inches	Influent Flow (MGD)	Peak Infl. Flow Rate (MG)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		
1	W		9.60	15.00		m	0.00	m	0.00	m														
2	Th		9.60	15.00		m	0.00	m	0.00	m														
3	F	0.11	10.10	23.00		m	0.00	m	0.00	m														
4	Sa	0.09	9.74	15.00		m	0.00	m	0.00	m														
5	Su	0.01	9.79	14.00		m	0.00	m	0.00	m														
6	M		9.51	16.00		m	0.00	m	0.00	m														
7	Tu		9.56	16.00		m	0.00	m	0.00	m														
8	W		9.65	16.00		m	0.00	m	0.00	m														
9	Th		9.65	16.00		m	0.00	m	0.00	m														
10	F		8.46	16.00		m	0.00	m	0.00	m														
11	Sa		9.76	14.00		m	0.00	m	0.00	m														
12	Su		9.80	16.00		m	0.00	m	0.00	m														
13	M		9.47	15.00		m	0.00	m	0.00	m														
14	Tu		9.04	15.00		m	0.00	m	0.00	m														
15	W		8.92	18.00		m	0.00	m	0.00	m														
16	Th	0.35	14.05	35.00		m	0.00	m	0.00	m	6:30pm	M	1.92	M	0.01	M								
17	F	0.60	11.35	18.00		m	0.00	m	0.00	m														
18	Sa		8.91	17.00		m	0.00	m	0.00	m														
19	Su		8.57	14.00		m	0.00	m	0.00	m														
20	M		9.61	15.00		m	0.00	m	0.00	m														
21	Tu		9.76	17.00		m	0.00	m	0.00	m														
22	W		9.19	15.00		m	0.00	m	0.00	m														
23	Th		9.46	16.00		m	0.00	m	0.00	m														
24	F		9.03	14.00		m	0.00	m	0.00	m														
25	Sa		8.56	13.00		m	0.00	m	0.00	m														
26	Su		8.84	12.00		m	0.00	m	0.00	m														
27	M		9.02	15.00		m	0.00	m	0.00	m														
28	Tu		9.05	15.00		m	0.00	m	0.00	m														
29																								
30																								
31																								
Totals:		1.16					0.00		0.00				1.92		0.01				0.00		0.00			
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent																	Telephone							
David A. Downey, Public Works Director																	765 775-5145							
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.																								
Signature of Principal Executive Officer or Authorized Agent																	Date							
																	2/24/2006							



National Pollutant Discharge Elimination System (NPDES)
CSO Discharge Monitoring Report (CSO DMR)

State Form 50546 (R9-01) Additional Outfalls Page

City:		City of West Lafayette, Indiana												Page:		2 of 2									
Facility:		Wastewater Treatment Utility												Permit Number:		IN0024821									
Monitoring Period: (MM/DD/YY to MM/DD/YY)										2/1/2006 to 2/28/06				Check box if no CSO discharge occurred for the month:											
Measured/Metered (M) or Estimated (E) must be specified. (Please attach methods used.)																									
		CSO Outfall No. 006						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Mo.	Day of Wk.	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1	W																								
2	Th																								
3	F																								
4	Sa																								
5	Su																								
6	M																								
7	Tu																								
8	W																								
9	Th																								
10	F																								
11	Sa																								
12	Su																								
13	M																								
14	Tu																								
15	W																								
16	Th																								
17	F																								
18	Sa																								
19	Su																								
20	M																								
21	Tu																								
22	W																								
23	Th																								
24	F																								
25	Sa																								
26	Su																								
27	M																								
28	Tu																								
29																									
30																									
31																									
Totals:				0.00		0.00				0.00		0.00				0.00		0.00				0.00		0.00	
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent																				Telephone					
David A. Downey, Public Works Director																				765 775-5145					
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.																									
Signature of Principal Executive Officer or Authorized Agent																				Date					
																				2/24/2006					